Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0709003	KILLINGWORTH ELEMENTARY SCHOOL				NTNC	543	L	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combin	ed Agricultural
340 ROUTE 81		Connections	1					

Towns Served: KILLINGWORTH			
Monitoring	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		<b>10</b> r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - WELLS 1 & 2 (WSF ID	): 00700)		
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELLS 1 & 2 (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELLS 1 & 2 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELLS 1 & 2 (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
EP - WELLS 1 & 2 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health	ı Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
СТ0709003	KILLINGWORTH ELEMENTARY SCHOOL	NTNC	543	L	GW

Connections

Service

Residential Commercial

1

Industrial

Performed

Due to DPH

Received

Combined

Agricultural

Towns	Sarvad	KILLINGWORT	н

340 ROUTE 81

Violation/Situation

Total Coliform MCL Violation

Local Address (where applicable)

Mc	onthly Water System I	Facility (WSF)	level Mo	nitori	ng Requiremen	nts
	ENTRY POINT - WELLS 1 &	• • •		,,,,,	ng neganeme	
Analyte	Monitoring Requirement (S			ing Limi	t	Samples Req/Month
рН	Entry Point pH Monitoring	(PHRD)	Minim	um: 7.0		4
Start Date: 3/1/2008	3	Compli	ance History	<b>':</b>	Operating Limit	Monitoring
		Monito	ring Period		Compliance Status	
		11/1/20	18 - 11/30/2	2018	•	N
		12/1/20	18 - 12/31/2	2018		N
		1/1/201	.9 - 1/31/201	L9		N
		2/1/201	.9 - 2/28/201	L9		N
		3/1/201	.9 - 3/31/201	19		
		4/1/201	.9 - 4/30/201	19		
	Oth	er Compliance	Schedu	les		
Compliance Schedule Act	tivity		Du	e Date	Achieved I	Date
SUBMIT LEAD CONSUME	R NOTICE CERTIFICATE		3/3	0/2012		
SUBMIT LEAD CONSUME	R NOTICE CERTIFICATE		9/2	8/2012		
CROSS CONNECTION SUR	VEY REPORT		3/1	/2020		
	Public	Notification F	Requirem	ents		
		Compliance	Notice	Publ	ic Notification	PN Certification

Water System F	acility and Sam	npling P	oint Inver	ntorv	
	4/1/05 - 6/30/05	2	6/9/2005	10/18/2013	6/19/2005

Tier

Required

Period

	***************************************	e. System raem	ty and sampling i	•		7			
Water					Total	Lead and			
System	Water System Facility		Sampling Point		Coliform	Copper			tage
acility ID	)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2	DBPI
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		KES1	CUSTODIAL SINK	Α		Ν	Υ		
		KES10	ROOM 31 SINK	Α	Υ	N	Υ		
		KES11	OFFICE SINK	Α	Υ	N	Υ		
		KES2	KITCHEN SINK	Α	Υ	N	Υ		
		KES3	STAFF ROOM SINK	Α	Υ	N	Υ		
		KES4	ROOM 16 SINK	Α	Υ	N	Υ		
		KES5	ROOM 21 SINK	Α	Υ	N	Υ		
		KES6	ROOM 24 SINK	Α	Υ	N	Υ		
		KES7	ROOM 23 SINK	Α	Υ	N	Υ		
		KES8	ART ROOM 28 SINK	Α	Υ	N	Υ		
		KES9	HANDICAP BATH SINK	Α	Υ	N	Υ		
		KIT1	KITCHEN SINK ASBEST	Α	Υ	2			
		OFF1	OFFICE SINK	Α	Υ	2			
		RM12	ROOM 12 SINK	Α	Υ	2			

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	goilliouid 2 opai tillolli oi				C	,		
	Water Quality Monito	oring and	d Con	npl	liance S	Schedul	e	
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
СТ0709003	KILLINGWORTH ELEMENTARY SCHOOL				NTNC	543	L	GW
Local Address (	where applicable)	Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
340 ROUTE 81		Connections	1					

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGWORTH

	Water	System Facili	ity and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule		Asbestos	WQP	Stage 2 DBPR
		RM22	ROOM 22 SINK	Α	Υ	2			
		RM26	ROOM 26 SINK	Α	Υ	2			
		TEACH1	TEACHERS LOUNGE SK	Α	Υ	2			
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT - WELLS 1 & 2	3	EP - WELLS 1 & 2	Α					
10844	WELL 1	2	WELL 1	Α					
48264	KILLINGWORTH ELEMENTARY TREATMENT PLANT								
54548	WELL 2	2	WELL 2	Α					
54551	ATMOSPHERIC TANK								
54553	BLADDER TANK								
54657	BLADDER TANK - WELL 2								

	Certified Oper	ator initorniation	
Water System Facility: <b>DISTR</b>	<b>BUTION SYSTEM (WSF ID: 006</b>	00)	
Facility Classification: SMALL WA	TER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
ROWLEY, BRENDAN	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS I	12/31/2019
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2019

				Contact Inf	ormation				
Name				Organization	1			Job Title	ļ
Mr. Howard Thiery	,		Regional School District #17				Superintend	dent	
Mailing Address Line One			Mailing	Address Line Two			City	State	Zip Code
57 Little City Road				Higganum CT 06441-			06441-0568		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
860-345-4534 860-345			2817		860-790-1363	hthiery@rsd17.org			
Contact Role(s): A	dministrative	Contact, Leg	al Conta	act					
Name				Organization	1			Job Title	!
Name Ms. Catherine Lino				Organization Town of Killi			First Selectv		!
Ms. Catherine Lino			Mailing				First Selectv		Zip Code
			Mailing	Town of Killi		Killingwo	City	woman	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

			<i>J</i>	0		1			
PWS ID	PWS Name					Classification	Population	Owner Type	Primary Source
СТ0709003	KILLINGWORTH ELEM	ENTARY	SCHOOL			NTNC	543	L	GW
Local Address (v	vhere applicable)			Service	Resider	ntial Commerci	ial Industri	al Combine	ed Agricultural
340 ROUTE 81				Connections	1				

Towns Served: KILLINGWORTH

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name			Cla	ssification	Population	Owner Type	Primary Source	
CT0700114 KILLINGWORTH CONGREGATIONAL CHURCH				NTNC	50	Р	GW	
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
273 ROUTE 81		Connections			1			

Towns Served: KILLINGWORTH			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		5 r	outine (RT) per year
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		·
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		·
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs-Phase II (SOC2)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
	1/1/20 - 12/31/22		
Pesticides, Herbicides and PCBs-Phase V (SOC5)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		
,	1/1/20 - 12/31/22		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut De	partment o	f Public H	ealth I	Orinki	ng W	ater S	Section	
		uality Moni				_			
PWS ID	PWS Name		0011118 0111		lassificati				rimary Source
CT070011		EGATIONAL CHURC	Н		NTNC		50	Р	GW
Local Addı	ress (where applicable)		Service	Residentia	al Comm	ercial I	ndustrial	Combined	Agricultural
273 ROUT	E 81		Connections		1				
Towns Ser	ved: KILLINGWORTH				'	'			<u>'</u>
		Monit	oring Requ	iremen	ts				
Water Sy	stem Facility: ENTRY POIN	T (WSF ID: 00700	)						
Organic	Chemicals (VOCS)						1 routi	ne (RT) per	three years
Samp	oling Point (Sampling Point ID)		ı	Monitoring	Period	Collect	tion Perio	d Compli	ance Status
ENTR	RY POINT (3)			1/1/17 - 12	2/31/19				
				1/1/20 - 12	2/31/22				
		Other 0	Compliance	Schedu	les				
Complian	ce Schedule Activity			Du	ie Date		Achieve	d Date	
SUBMIT LE	EAD CONSUMER NOTICE CERTIF	FICATE		12/	29/2012				
SUBMIT LE	EAD CONSUMER NOTICE CERTIF	FICATE		12/	29/2013				
SUBMIT LE	EAD CONSUMER NOTICE CERTII	FICATE		12/	29/2018				
CROSS CO	NNECTION SURVEY REPORT			3/	1/2020				
		Public No	tification R	equiren	nents				
		(	Compliance	Notice	<u>Publ</u>	ic Notific	<u>ation</u>	PN Cert	<u>ification</u>
Violation/			Period	Tier	Requir		rformed	Due to DPH	Received
Total Colif	form M&R Violation		1/18 - 9/30/18	3	11/13/2			11/23/2019	
	Wate	r System Faci	lity and San	npling P	oint In	vento	ry		
Water						Total	Lead ar		
System	Water System Facility	Sampling Point ID	Sampling Poil	nt		Coliform			Stage
Facility ID			Description	LCVCTENA	Status	Rule	Kule II	er Aspestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION		A	Υ			
		KCCFFS1	1 WITHIN 5 SER KCC FIRST FLR		A P	Y	2		
		KCCFFS2	KCC FIRST FLR	_	P	Y	2		
		KCCGFFS3	KCC FIRST FLR		P	Y			
		KCCGFS1	KCC GRND FLE		Р	Y			
		KCCGFS2	KCC GRND FLE		, P	Y			
		KCCGFS3	KCC GRND FLE	_	Р	Y			
		KCCGFS4	KCC GRND FLE		P	Y			
		UPSTREAM	WITHIN 5 SER		Α				
00700	ENTRY POINT	3	ENTRY POINT		Α				
10927	WELL	2	WELL		Α				

**Certified Operator Information** 

**Operator Type** 

**CHIEF OPERATOR** 

Certification(s)

**DISTRIBUTION SYSTEM OPERATOR - CLASS III** 

WATER TREATMENT PLANT OPERATOR - CLASS IV

Certification

**Expiration** 

6/30/2020

6/30/2019

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER SYSTEM

**Operator Name** 

KLOBUKOWSKI, STEVEN J.

Water Quality Monitoring and Compliance Schedule								
PWS ID PWS Name		Classification		Population	Owner Type	Primary Source		
CT0700114 KILLINGWORTH CONGREGATIONAL CHURCH			NTNC	50	Р	GW		
Local Address (\	where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural
273 ROUTE 81		Connections			1			

Contact Information

Connecticut Department of Public Health Drinking Water Section

Towns Served: KILLINGWORTH

Name Organization  Ms. Cheryl Fine Killingworth Congr Church  Mailing Address Line One Mailing Address Line Two				
·	Job Title			
Mailing Address Line One Mailing Address Line Two	Head Trustee	Head Trustee		
8	City	State	Zip Code	
273 Route 81 Killir	ngworth	СТ	06419	
Business Phone Extension Fax Mobile Phone Emergency Phone Ema	il Address			
860-663-1789 860-663-1789 860-767-3233				
Contact Role(s): Legal Contact, Owner				
Name Organization		Job Title		
Mr. Robert Rimmer Cong Church of Killingworth	Trustee			
Mailing Address Line One Mailing Address Line Two	City	State	Zip Code	
273 Route 81 Killir	ngworth	СТ	06419	
Business Phone Extension Fax Mobile Phone Emergency Phone Ema	il Address			
860-663-1789 kwc	kwcongchurch@yahoo.com			
Contact Role(s): Administrative Contact				

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0709143	KILLINGWORTH KIDS CENTER				NTNC	64	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
155 ROUTE 81		Connections			1			

Towns Served: KILLINGWORTH						
Monitoring	Requirements					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)					
Asbestos (1094)		1 routine (RT) per nine years				
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19					
	1/1/20 - 12/31/28					
Total Coliform (3100)		1 rout	ine (RT) per quarter			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Lead And Copper (PBCU)		5 routine	(RT) per three years			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status			
Select from Inventory of Active Sampling Points	1/1/17 - 12/31/19	6/1-9/30				
	1/1/20 - 12/31/22	6/1-9/30				
Physical Parameters (PPS)		1 rout	ine (RT) per quarter			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status			
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete			
	1/1/19 - 3/31/19		Complete			
	4/1/19 - 6/30/19					
	7/1/19 - 9/30/19					
Water System Facility: ENTRY POINT (WSF ID: 00700)						
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status			
ENTRY POINT (3)	1/1/17 - 12/31/19					
	1/1/20 - 12/31/22					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete			
	1/1/19 - 12/31/19		·			
	1/1/20 - 12/31/20					
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)		1	(RT) per three years			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/17 - 12/31/19	1/1-12/31	Waiver			
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			(RT) per three years			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	Collection Period	Compliance Status			
ENTRY POINT (3)	1/1/20 - 12/31/22					
Organic Chemicals (VOCS)		1 routine	(RT) per three years			
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	Compliance Status			
ENTRY POINT (3)	1/1/18 - 12/31/20					
	1/1/21 - 12/31/23					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name Cla			Cla	ssification	Population	Owner Type	Primary Source	
CT0709143	KILLINGWORTH KIDS CENTER				NTNC	64	Р	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combine	ed Agricultural
155 ROUTE 81		Connections			1			

Towns Served: KILLINGWORTH

Compliance Schedule Activity	Due Date	Achieved Date		
CROSS CONNECTION EXEMPTION	3/1/2021			

	Wa	ter System Facili	ity and Sampling P	oint Ir	nventor	у		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBF
00600	DISTRIBUTION SYSTEM	4	GENERIC DISTRIBUTION	A				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		KKC 01	STAFF LOUNGE	Α	Υ	N	Υ	
		KKC 03	#1 TODDLER ROOM	Α	Υ	N		
		KKC 05	#1 PRESCHOOL ROOM	Α	Υ	N		
		KKC01	GENERATED BY BATCH	Α	Υ			
		KKC02	INFANT ROOM	Α	Υ	N		
		KKC04	#2 TODDLER ROOM	Α	Υ	N		
		KKC06	SCHOOL AGE ROOM	Α	Υ	N		
		KKC07	#2 PRESCHOOL ROOM	Α	Υ	N		
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
51589	WELL	2	WELL	Α				
51593	PRESSURE TANK							

### **Certified Operator Information**

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL W	ATER SYSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
RADICCHI, PAUL J.	CHIEF OPERATOR	DISTRIBUTION SYSTEM OPERATOR - CLASS III	6/30/2021
		WATER TREATMENT PLANT OPERATOR - CLASS II	12/31/2020

				Contact Info	ormation						
Name				Organization	Organization				Job Title		
Ms. Cindy Zajac				Lbc Holdings							
Mailing Address Line One M			Mailing	Mailing Address Line Two			City	State	Zip Code		
			103 Ro	ast Meat Hill Road		Killingwo	rth	СТ	06419		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-663-2318					860-663-2318						

Contact Role(s): Owner

C	onnectic	ut Depa	rtment	of P	'ublic l	Health	Dri	nkıng	Water	Sec	tion	
	Wat	ter Qua	lity Moi	nitor	ring ar	nd Con	nplia	ince S	chedul	le		
PWS ID P	WS Name						Classi	fication	Population	Owne	er Type I	Primary Source
CT0709143 K	ILLINGWORTH	KIDS CENTER	₹				N.	ГИС	64		Р	GW
Local Address (who	ere applicable)			Se	ervice	Residen	tial C	ommercia	al Industri	al C	ombine	d Agricultura
155 ROUTE 81				Co	onnection	S		1				
Towns Served: KIL	LINGWORTH			,					'			
Name				Orga	nization			Job Title				
Mr. Joseph H. Lavi	1r. Joseph H. Lavin			Lbc H	Lbc Holdings, LLC				Owner			
Mailing Address Li	iling Address Line One Mailing Address Line Two							City		State	Zip Code	
16 Jennie Drive								Oakdal	е		CT	06370
Business Phone	Extension	Fax	N	∕lobile F	Phone	Emergency	/ Phone	Email Address				
860-892-8406		860-859-2	2450			860-334-	0611	jelavin(	jelavin@me.com			
Contact Role(s):	Administrative	Contact	,					•				
Name				Orga	nization						Job Title	
Mr. Adam J Zajac				Lbc H	Holdings LL	_C			Member			
Mailing Address Li	ne One		Mailing Add	dress Li	ne Two				City		State	Zip Code
103 Roast Meat Hi	II Rd							Killingw	orth (		СТ	06419
Business Phone	Extension	Fax	N	/lobile P	Phone	Emergency	/ Phone	e Email A	ddress			
860-663-2318						860-662-	-0623	cindyza	jac@sbcglc	bal.ne	t	
Contact Role(s): L	egal Contact, C	)wner										

Connecticut Department of Dublic Health Drinking Water Costion

#### Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health	Drinking	g Water	Section		
Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule					
DWS Name	Classification	Population	Owner Type	Driman	

PWS ID PWS Name C					ssification	Population	Owner Type	Primary Source
CT0709153	T0709153 HADDAM KILLINGWORTH INTER/MIDDLE SCHOOL				NTNC	874	L	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combin	ed Agricultural
451 ROUTE 81		Connections			1			

Towns Served: KILLINGWORTH			
Monitorin	g Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00	0600)		
Asbestos (1094)		1 routine	(RT) per nine years
Sampling Point (Sampling Point ID)	<b>Monitoring Period</b>	<b>Collection Period</b>	<b>Compliance Status</b>
Select from Inventory of Active Sampling Points	1/1/11 - 12/31/19		Complete
	1/1/20 - 12/31/28		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Lead And Copper (PBCU)		<b>10</b> re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	1/1/18 - 12/31/18	6/1-9/30	Complete
	1/1/19 - 12/31/19	6/1-9/30	
	1/1/20 - 12/31/20	6/1-9/30	
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Inorganic Chemicals (IOCS)		1 routine	(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Pesticides, Herbicides and PCBs - Phase II & V (SOCS)			(RT) per three years
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/17 - 12/31/19		Complete
	1/1/20 - 12/31/22		
Organic Chemicals (VOCS)			outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

## Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C				Cla	ssification	Population	Owner Type	Primary Source
CT0709153	0709153 HADDAM KILLINGWORTH INTER/MIDDLE SCH			NTNC		874	L	GW
Local Address (where applicable)		Service	Residential		Commercia	al Industri	al Combin	ed Agricultural
451 ROUTE 81		Connections			1			

Towns Served: KILLINGWORTH

Other Comp	oliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
SUBMIT LEAD CONSUMER NOTICE CERTIFICATE	12/29/2018		
CROSS CONNECTION SURVEY REPORT	3/1/2019		

		<b>Water System Facili</b>	ty and Sampling P	oint Ir	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	<i>A</i> 4	DISTRIBUTION	Α					
		A115	ROOM A115	Α	Υ	N	Υ	Υ	
		B108	ROOM B108	Α	Υ	N	Υ	Υ	
		C004	ROOM C004	Α	Υ	N	Υ	Υ	
		C109	ROOM C109	Α	Υ	N	Υ	Υ	
		C125	ROOM C125	Α	Υ	N	Υ	Υ	
		C202	ROOM C202	Α	Υ	N	Υ	Υ	
		C209	ROOM C209	Α	Υ	N	Υ	Υ	
		C225	ROOM C225	Α	Υ	N	Υ	Υ	
		CUST #1	CUSTODIAL ROOM #1	Α		N	Υ	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		KITCHEN	KITCHEN MAIN SINK	Α	Υ	N	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
52761	WELL 1	2	WELL 1	Α					
52763	WELL 2	2	WELL 2	Α					
52765	WELL 3	2	WELL 3	Α					
52769	ATMOSPHERIC TANKS								
52771	PRESSURE TANK								
52773	PUMP STATION								

# Certified Operator Information Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600) Facility Classification: SMALL WATER SYSTEM Operator Name Operator Type Certification(s) ROWLEY, BRENDAN CHIEF OPERATOR DISTRIBUTION SYSTEM OPERATOR - CLASS I 12/31/2019 WATER TREATMENT PLANT OPERATOR - CLASS II 12/31/2019

Contact Information											
Name				Organization	1	Job Title					
Mr. Howard Thiery				Regional Sch	ool District #17	Superintendent					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code		
57 Little City Road						Higganu	m	СТ	06441-0568		
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address					
860-345-4534		860-345-2817			860-790-1363	hthiery@rsd17.org					

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Connecticut Department of Lubile Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name				ssification	Population	Owner Type	Primary Source			
CT0709153	HADDAM KILLINGWORTH INTER/MIDDLE SC	NTNC		874	L	GW					
Local Address (where applicable)		Service	Residen	itial	Commerci	al Industri	al Combin	ed	Agricultural		
451 ROUTE 81		Connections	inections		1						

Connecticut Department of Public Health Drinking Water Section

Contact Role(s): Administrative Contact, Legal Contact

#### Please note the following:

Towns Served: KILLINGWORTH

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End of schedule